#7 8-28-01 DSW/bles

AUG 2 4 2001 W

Attorney's Docket No. 027557-064

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pat	ent Application of	·						
Johan N	ILSSON	Group Art Unit: 2681						
Applicat	ion No.: 09/684,985	Examiner: Unas	signed					
Filed: C	October 10, 2000		RECEIVED					
For: I	RADIO TRANSCEIVER	) . 	AUG 2 8 2001					
		r L	Technology Center 2600					
		1						
•								
	AMENDMENT/REPLY TR	ANSMITTAL LET	<u>TER</u>					
	Commissioner for Patents ton, D.C. 20231							
Sir:								
Enc	Enclosed is a reply for the above-identified patent application.							
[]	A Petition for Extension of Time is also enclosed.							
[]	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.							
[X]	Also enclosed is <u>Information Disclosure</u>	Statement						
[]	Small entity status is hereby claimed.							
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).							
	[ ] Applicant(s) previously submitted requested.	, on, for which o	continued examination is					
[]	Applicant(s) request suspension of action exceed three months from the filing of thi § 1.103(c). The required fee under 37 C.	s RCE, in accordance	e with 37 C.F.R.					
[]	A Request for Entry and Consideration of (146/246) is also enclosed.	Submission under 3	7 C.F.R. § 1.129(a)					
ſĵ	No additional claim fee is required.							

Amendment/Reply Transmittal Letter Application No. <u>09/684,985</u> Attorney's Docket No. <u>027557-064</u> Page 2

[ ] An additional claim fee is required, and is calculated as shown below:

	PREVIOUSLY PAID FOR	CLAIMS	RATE	ADDT'L FEE
****	· MINUS =		× \$18.00 (103) =	
	MINUS =		× \$80.00 (102) =	
iple depende	ent claims, add \$270	0.00 (104)		
		· · · · · · · · · · · · · · · · · · ·		
aimed, subt	ract 50% of Total A	mendment Fe	e	
	aimed, subtr	MINUS = iple dependent claims, add \$270 aimed, subtract 50% of Total A	MINUS = iple dependent claims, add \$270.00 (104)	MINUS = × \$80.00 (102) = iple dependent claims, add \$270.00 (104)

L	1	A claim fee in	the amount of \$	is enclosed.
[.	]	Charge \$	to Deposit Account N	o. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

William N. Hughet

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Date: August 24, 2001